



Decentralization moves forward in Haiti's Health Sector

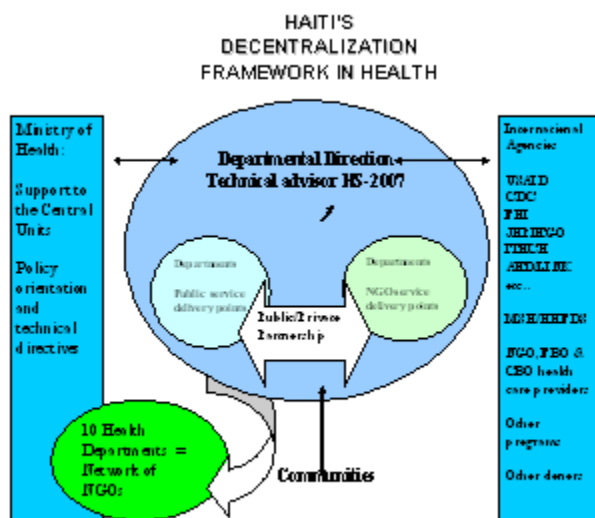
Decentralization of health services in Haiti is “on the move”, promoting coordination among donors and bringing health care decision making closer to the people.

USG Health Sector assistance in Haiti has primarily focused on service delivery through NGOs and public sector clinics that provide a basic package of health and nutrition services available to more than 45% of Haiti’s population. Decentralization is a priority of the Haitian Government being mandated in the Haitian Constitution, and the USG is now providing a significant level of technical assistance to support the Haitian Government’s efforts on decentralization.

Background

Decades of USG investments in the health sector contributed substantially to improved health status in Haiti. Recent social turmoil risked jeopardizing these improvements. Beginning in October 2003, USG supported a pilot effort in 6 of Haiti’s 10 departments where Health Directors identified obstacles to better performance in the health sector, and

it became clear that greater results could be achieved by involving more partners in the planning process and by strengthening the skills of public sector staff.



In addition, significant resources are expended each year on health interventions by a multiplicity of donors, each with its own mandate and funding cycle. But since each donor supports services in specific locations, this has left many geographic areas without significant health coverage. The Ministry recognized a need for

strong coordination at the departmental level to avoid the risks of gaps in services or duplication. The Ministry of Health adopted a decentralization scheme to address these issues.

Decentralization Initiated

In June 2004, the Ministry of Health formally launched decentralization, with an aim to have each commune develop a health plan, which “feeds into” the development of a department-level health plan. All 10 department health plans are then submitted to the central-level for final development of one national costed health plan.

USG targeted resources to support decentralization and strengthen coordination and management capabilities among Ministry staff at Departmental Headquarters. Assistance focused on training to reinforce management skills, providing material support in the form of computers, state of the art communication equipment, and logistical support for health commodities management.

First-Ever National Health Plan

After three years of “trial and error”, in September 2007, 153 commune health plans and 10 department health plans were completed. One national-costed health plan was officially presented to Parliament and officially approved and endorsed.